

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

November 1, 2024

[REDACTED]
THE GATHERING PLACE PERSONAL CARE LLC
[REDACTED]

RE: THE GATHERING PLACE PERSONAL
CARE
390 MOUNTAIN ROAD
UNIONTOWN, PA, 15401
LICENSE/COC#: 45417

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/16/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE GATHERING PLACE PERSONAL CARE License #: 45417 License Expiration: 03/03/2025

Address: 390 MOUNTAIN ROAD, UNIONTOWN, PA 15401

County: FAYETTE Region: WESTERN

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: THE GATHERING PLACE PERSONAL CARE LLC

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 18 Waking Staff: 14

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:

Reason: Complaint, Incident Exit Conference Date: 10/07/2024

Inspection Dates and Department Representative

09/16/2024 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 16 Residents Served: 15

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 15

Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0

Have Mobility Need: 3 Have Physical Disability: 1

Inspections / Reviews

09/16/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/17/2024

10/17/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/29/2024

Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/23/2024

Inspections / Reviews (*continued*)

10/23/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/29/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/01/2024

11/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/29/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

The home currently serves 2 residents that require the assistance of 2 direct care staff persons to transfer in/out of bed/chair with the use of a Hoyer mechanical lift; however, the home routinely only schedules 1 direct care staff person during the 11:00pm through 7:00am shift, which is not adequate to evacuate all residents in the event of an emergency. According to the most recent documentation from a fire safety expert, dated 6/12/24, the home's maximum evacuation time to a designated meeting place outside the building is 2 minutes, 45 seconds.

Plan of Correction

Directed [REDACTED] - 10/23/2024)

On 9/16/24, during and unannounced complaint/incident visit, the schedule didn't have adequate staffing for the residents needing extra persons for the hoyer mechanical lift. The schedule was changed on 9/16/24 to add a second person to be present during the overnight hours. This change was effective that day and we have had two people working the overnight since. In order to be compliant with Pa Code 2600.60a, there will be two employees scheduled on the overnight shift of 11pm to 7am when the needs of the residents is present in the facility that require mechanical lifts. If there are no mobility issues in the home at the time, only one employee will be present. In order to monitor the schedule to be sure there are two people present during times where mobility is an issue, the owner and the DON will review the schedule bi-weekly before it is posted and will both initial off on it. This will begin with the next set of schedules due to be posted on 10/24/24.

DIRECTED: Beginning on 10/25/24: The administrator/designee shall review the direct care staffing schedule daily to ensure compliance with 2600.57a, 2600.57b, 2600.57c, 2600.57d and 2600.60a. [REDACTED] 10/23/24

Communication will happen with daily rounds if a new mobility issue arises and changes will be made accordingly. Each day, the Administrator or their designated person shall review the schedule for the current and next day to ensure coverage.

To ensure coverage in the event of a call off, the owner or the Administrator will be responsible for covering the shift as the staffing is very limited. One will call other employees and offer them the overtime first. If no one is interested, one of the two will plan to cover the shift themselves.

Proposed Overall Completion Date: 10/24/2024

Directed Completion Date: 10/25/2024

Implemented [REDACTED] - 11/01/2024)

187a - Medication Record

2. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.

187a - Medication Record (continued)

5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident [REDACTED] was admitted to the home on [REDACTED] with numerous prescribed medications, to include the following; however, no July 2024 medication administration record (MAR) from 7/26/24 through 7/31/24 was present for resident [REDACTED]:

- [REDACTED] -Apply to sacral peri wound topically every shift for wound pain
- [REDACTED] -Apply to sacral peri wound topically every day shift for wound care
- [REDACTED] -Take 1 capsule by mouth 2 times a day

REPEAT VIOLATION: 6/29/2023; 3/8/2023

Plan of Correction

Directed [REDACTED] - 10/23/2024)

On 9/16/24, during and unannounced complaint/incident visit, it was discovered that a MAR was not present in the facility for 5 days and medication/treatment was being done by staff. After the inspection, the Administrator reached out to the pharmacy and spoke with the manager to work on a way to prevent this from happening in the future. It was decided that on the admission paperwork email that is sent to pharmacy, the date of admission will be included on the email and the MAR will be dated from the date of admission to ensure that all medication administrators will be aware of all medications/treatments from day one. If a resident is admitted over the weekend when the pharmacy is unavailable, hand-written MARs will be made for each medication to be passed until the pharmacy can get a computer generated MAR into the facility.

During the next two days, 9/17 & 9/18, the Administrator went through all resident folders to be sure that there were no new residents in the facility that might have the same issue. None were found.

Moving forward, with new incoming residents, the folders will be reviewed upon admission to ensure that the MAR start date matches the date of admission. If it does not match, the designated person will reach out to the pharmacy for a corrected one.

If a resident comes in over the weekend or after hours when the pharmacy is not available, the Administrator or the designated persons who attended the education training meeting on 10/22/24 on the importance of having MARs in the facility from date of admission will fill out the paper MAR to ensure there is one present from the date of admission until the pharmacy can get one printed and delivered to the facility. (DIRECTED: Documentation of the 10/22/24 staff education shall be kept in accordance with 2600.65i. [REDACTED] 10/23/24).

With all new resident admissions, the Administrator or designated person will review the folder to ensure that the pharmacy will have MARs delivered same day. If not, hand written ones will be filled out the day of admission. This will be an ongoing practice. (DIRECTED: The administrator review shall begin on 10/25/24 to ensure medication administration records are present in the home on the day of admission for all future admissions. [REDACTED] 10/23/24).

Proposed Overall Completion Date: 10/25/2024

187a - Medication Record (continued)

Directed Completion Date: 10/25/2024

Implemented [REDACTED] - 11/01/2024)

227d - Support Plan Medical/Dental

3. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [REDACTED] support plan, dated [REDACTED], indicates resident [REDACTED] requires the use of a Hoyer mechanical lift to transfer in/out of bed; however, resident [REDACTED] support plan does not include the number of direct care staff persons required to transfer resident [REDACTED] with the use of the Hoyer lift.

Resident [REDACTED] support plan, dated [REDACTED], indicates resident [REDACTED] requires the use of a Hoyer mechanical lift to transfer in/out of bed; however, resident [REDACTED]'s support plan does not include the number of direct care staff persons required to transfer resident [REDACTED] with the use of the Hoyer lift.

Plan of Correction

Directed [REDACTED] - 10/23/2024)

On 9/16/24, during and unannounced complaint/incident visit, during the review of the RASP, it was discovered that the support plan did not specify that two people would be needed in order to safely transfer Resident [REDACTED] and Resident [REDACTED] from the bed to the chair and vice versa. In order to be compliant with Pa Code 2600.227d, the RASPs were updated on 10/16/2024 by the Administrator and the wording changed to show the proper number of employees needed to do the transfer safely. Since the schedule was changed the day of the inspection to have two people on staff at all times, there will be two employees scheduled on every shift, as reflected on the schedule. To ensure that the support plan is accurate before submission, it will be read over by a designated employee chosen by the Administrator and both the initials of the Administrator and the designated employee will be added to the end of the support plan. (DIRECTED: Beginning on 10/25/24: The designated employee review of support plans shall be conducted within 48 hours of completion to ensure accuracy. [REDACTED] 10/23/24

DIRECTED: By 10/31/24: The administrator shall develop and implement a system to ensure resident support plans are updated as resident care needs change. All staff persons involved in the completion of resident support plans shall be educated on the new system by 10/31/24. [REDACTED] 10/23/24

Proposed Overall Completion Date: 11/01/2024

Directed Completion Date: 11/01/2024

Implemented [REDACTED] - 11/01/2024)